

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund			FEC IDENTIFICATION NUMBER ▼ C C00448696		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		
Full Name of Payee Senate Conservatives Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 06 / 2014		
Mailing Address PO Box 388			Amount 784.40		
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : ECE239B893AB04647AE5		
Purpose of Expenditure IE-Wolf-Online Processing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 06 / 2014		
Name of Federal Candidate Milton Wolf		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: KS		
Calendar Year-To-Date Per Election for Office Sought		123187.74	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Senate Conservatives Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014		
Mailing Address PO Box 388			Amount 1263.90		
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : E16996F7298814A0EB09		
Purpose of Expenditure IE-Wolf-Online Processing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014		
Name of Federal Candidate Milton Wolf		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: KS		
Calendar Year-To-Date Per Election for Office Sought		124451.64	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2048.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paul Kilgore</i>		[Electronically Filed]		Date MM / DD / YYYY 07 / 22 / 2014	

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(Schedule E)

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NAME OF COMMITTEE (In Full) Senate Conservatives Fund			FEC IDENTIFICATION NUMBER ▼ C C00448696		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		
Full Name of Payee Senate Conservatives Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014		
Mailing Address PO Box 388			Amount 981.10		
City Alexandria		State VA	Zip Code 22313-0388		
Purpose of Expenditure IE-Wolf-Online Processing		Category/Type		Transaction ID : E47A2F822D80A4D63924 Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014	
Name of Federal Candidate Milton Wolf			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			House District: _____ State: KS		
Calendar Year-To-Date Per Election for Office Sought 125432.74			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City		State	Zip Code		
Purpose of Expenditure		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate			House District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	981.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	3029.40

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore
 Signature

[Electronically Filed]

Date **07 / 22 / 2014**